TOWN OF CORNWALL SUMMER PLAYGROUND PROGRAM REGISTRATION FORM

CHILD'S NAME:		DAT	E OF BIRTH:	AGE:
ADDRESS:	MI	AST		
STREET			TOWN	ZIP
TELEPHONE #:			GRADE ENT	ERING IN SEPT
HEIGHT:	WEIGHT:	EYE COLOR	:	_HAIR COLOR:
ANY DISTINGUISHING I	MARKS/CHARACTER	ISTICS:		
PARENT/GUARDIAN NA	AME:			#: DAYTIME TELEPHONE
E-MAIL ADDRESS				
PERSON TO CONTACT I	N ANY EMERGENCY	:		
DAYTIME TELEPHONE	#		IF \	RELATION TO CHILD YOU CANNOT BE REACHED
CHILD'S MEDICAL HIS	TORY: PL	EASE CHECK ON	IE OF THE FOLI	LOWING:
MY CHILD HAS N MEDICAL STAFF SHOUL		L CONDITION T	HAT THE CAMP	DIRECTOR AND CAMP
				AMP DIRECTOR AND CAMP ICAL QUESTIONAIRE*****
HOW WILL YOUR CHILE) BE TRANSPORTED '	ГО САМР?	PLEASE CIRC	LE ANY THAT APPLY:
WALKING BIF	KE DRIVEN F	BY PARENT/GUA	RDIAN	CAR POOL
MY CHILD HAS MY PERM AND THURSDAYS DURII			GROUP TO THE	TOWN POOL ON TUESDAYS
DATE			SIGNATURE (OF PARENT/GUARDIAN
COMPLETE TO THE BES	PARTICIPATION IN A IES. I GUARANTEE T OT OF MY KNOWLED ON, AS WELL AS ANY	ALL TOWN OF CO HAT THE ABOVE GE. I ALSO UND FEES PAID FOR THE FEES ARE I	ORNWALL SUM E STATED INFO ERSTAND THAT TRIPS, ARE NO	E NAMED CHILD, GIVE MY MER RECREATION RMATION IS CORRECT AND TANY FEES PAID TO THE N-REFUNDABLE. (IF TRIPS
DATE	AMOUNT DAID		SIGNATURE (OF PARENT/GUARDIAN